 

NATIONAL DEPARTMENT OF HEALTH

CHIEF DIRECTORATE: NON-COMMUNICABLE DISEASES

PROJECT FUNDING APPLICATION FORM

# 1. DETAILS OF THE ORGANISATION

|  |  |
| --- | --- |
| Name of the Organisation: |  |
| Contact Person’s Full name:  |  |
| Physical Address:  |  |
| Postal Address:  |  |
| Telephone/Cellphone: |  |
| E-mail address: |  |
| NPO Registration No (attach registration certificate):  |  |
| Names of Board members (minimum of 3) i.e. Chairperson, Secretary and Treasurer(Attach signed constitution) | Initials and Surname | Designation | ID number |
| 1.  |  |  |
| 2. |  |  |
| 3.  |  |  |

# 2. ORGANISATION CORE PROGRAMME

|  |
| --- |
| STATE THE ORGANISATION’S CORE PROGRAMME  |
| 2.2. PLEASE STATE YOUR ORGANISATION’S FOCUS AREAS AND INDICATE OPERATION AT DIFFERENT LEVELS  |
| No | FOCUS AREA  | Global/African Region  | Provinces | Districts | Sub-District/Municipality |
| 1. |  |  |  |  |  |
| 2. |  |  |  |  |  |
| 3. |  |  |  |  |  |
| 4. |  |  |  |  |  |
| 5. |  |  |  |  |  |
| 6. |  |  |  |  |  |
| 7. |  |  |  |  |  |
| 8. |  |  |  |  |  |
| 9. |  |  |  |  |  |
| 10.,etc |  |  |  |  |  |

# 3. SOURCES OF FUNDING

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Indicate your sources of funding in the past 2 years | Government: | Source | Amount funded | Programme areas | Operational areas |
| 1.  |  |  |  |
| 2., etc. |  |  |  |
| Other: | 1.  |  |  |  |
| 2.  |  |  |  |
| 3., etc. |  |  |  |

# 4. TAX AND AUDIT INFORMATION:

#  TICK

|  |  |  |  |
| --- | --- | --- | --- |
| Is your organisation tax compliant | YES  | NO | If yes, attach the recent copy of the Tax Clearence Certificate  |
| Has your organisation been audited before?  | YES | NO | If yes, attach the latest audit report. |

# 5. YOUR PROPOSAL NOT TO EXCEED FIVE (5) PAGES

**See specifications attached**

**6. PERSONNEL PROFILES (attach** CVs, qualifications and current proof of registration and license to practice where applicable)

|  |  |  |  |
| --- | --- | --- | --- |
| Initials and Surname | ID number | Highest qualification | Designation |
| 1.  |  |  |  |
| 2. |  |  |  |
| 3.  |  |  |  |
| 4.  |  |  |  |
| 5., etc |  |  |  |

**7. FUNDS REQUESTED** (breakdown of costs and the total amount requested per year)

|  |  |  |  |
| --- | --- | --- | --- |
|  **BUDGET ITEMS** | **Year 1** | **Year 2** | **Year 3** |
| **Amount in ZAR**  | **Amount in ZAR** | **Amount in ZAR** |
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|  |  |  |  |
| **TOTAL** |  |  |  |

**INITIALS AND SURNAME OF THE APPLICANT:**

**SIGNATURE OF APPLICANT:**

**DESIGNATION:**

**DATE:**

**PROPOSAL SPECIFICATIONS**

1. **Executive Summary**
* Vision statement
* Mission statement
* Operational Plan: (commitment of what NDoH will get)

|  |
| --- |
| * + **Outcome1:**
 |
| * + **Output**
 | * + **Output indicator**
 | * + **Target**
	+ **Year 1**
 | * + **Target**
	+ **Year 2**
 | * + **Target**
	+ **Year 3**
 | * + **Activities**
 | * + **Budget per activity**
 | * + **Dependencies**
 |
|  |  |  |  |  |  |  |  |
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|  |  |  |
|  |  |  |
|  |  |  |

**Etc.**

1. **Organisation Description**
* **Overview:**
	+ Services offered
	+ Quality control measures
	+ Previous work successfully completed including contactable references
* **Statement of needs:** Reasons for offering services
* **Business model:** How are funds raised to ensure sustainability?
* **Marketing plan:** How do you market your services?
1. **Risk Management**
* **Risk Assessment:**
	+ Potential risks: operational risks, financial risks.
	+ Mitigation strategies: Insurance, contingency planning.
* **Regulatory Compliance:**
	+ Adherence to all applicable regulations.
	+ Data privacy and security measures.